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ABSTRACT

The report examines South Dakota Programs for Special Education and Pupil Personnel Services. Investigated and evaluated are services provided for the mentally retarded, emotionally disturbed/socially maladjusted, learning disabled, speech impaired, physically handicapped, visually handicapped, and aurally handicapped. Other essential pupil personnel services and guidance and counseling services are also reviewed. The preparation of professional personnel at four colleges in the state is outlined. Based on the findings of the study, recommendations are made for improving special educational provisions for handicapped children in South Dakota. (KW)

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SOUTH DAKOTA SPECIAL EDUCATION and PUPIL PERSONNEL SERVICES

A Study By

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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FOREWORD

This study was originally completed and reported as a chapter of a study of education in South Dakota conducted by the University of Minnesota, Bureau of Field Studies and Surveys.

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TABLE OF CONTENTS

CHAPTER		PAGE
	Foreword	i
	Table of Contents	iii
I	Special Education and Pupil Personnel Services in South Dakota	1
	Introduction	1
	Summary of Major Findings	3
	Summary of Recommendations	4
II	South Dakota Programs for Special Education and Pupil Personnel Services	7
	Services for the Mentally Retarded	15
	Services for Emotionally Disturbed/ Socially Maladjusted Children	23
	Special Learning Disabilities	27
	Services for Children with Speech Impairments	28
	Physically Handicapped	31
	Visually Handicapped	33
	Auditorially Handicapped	36
	Other Essential Pupil Personnel Services	38
	Guidance and Counseling Services	41
	Preparation of Professional Personnel	48
	Black Hills State College	48
	University of South Dakota	49
	Northern State College	49
	Augustana College	49
III	Improving Special Educational Provisions for Children with Handicapping Conditions in South Dakota -- Major Recommendations	51
	References	75

TABLES

TABLE		PAGE
1	School Districts Offering Special Education Services to Handicapped Children	11
2	Rate of Educational Service During the 1968-69 School Year for Handicapped Children in South Dakota	17
3	Institution Population by Age, Sex, and Mental Classification, Redfield State Hospital and School, June 30, 1968	21
4	Institution Population by Age, Sex, and Mental Classification, Custer State Hospital, June 30, 1968	22
5	Individual Case Services Provided During the 1968-69 School Year	39
6	Amount of Released Guidance Time in South Dakota High Schools for Certified Counselors, Certified Teacher-Counselors and Noncertified Guidance Personnel	42

FIGURES

FIGURE		PAGE
1	Levels of Instructional Intervention within Public School Special Education Programs	64

CHAPTER I

Special Education and Pupil Personnel Services in South Dakota

Introduction

The availability and quality of special education and pupil personnel services reflect, to a large degree, the fundamental problems of general education in South Dakota. Some of these problems for special education and pupil personnel services include inadequate financing, school districts with limited pupil enrollment, out-state migration of families, staff shortages, and vast distances between population centers. Beyond the problems special education and pupil personnel services share with general education, South Dakota is faced with unique conditions which limit the effectiveness of services to handicapped children and specialized assistance for all children.

One major problem that has been documented for the South Dakota State Legislature in a recent report (State Legislative Research Council, 1967) is the proliferation of agencies responsible for services to handicapped children. The dilution of both fiscal and professional manpower resources of the state results in the failure to provide handicapped children with the educational opportunities necessary to their attainment of success in adult life. Another limitation for special services is the absence of comprehensive diagnostic facilities for children with learning problems. This is not to suggest that some components of diagnostic services do not presently exist in the state, but such services are not coordinated through an administrative organization which is capable of marshalling all necessary resources.

Still another problem for special education and pupil personnel services is the inability of regular education in the State to cope with individual

needs. Typically, the more traditional the general educational program and the more limited the resources for individualizing education, the greater the incidence of children who do not "fit" the regular program. This results in the identification of many children who are labeled and shunted out of "mainstream" education; many of these academic "fall-outs" could remain and receive more appropriate education if general education were at a different stage in development. In the same vein, it is important to recall that the definition of who is "handicapped" and who is not is relative. Children labeled as "handicapped" or "problems" by schools in one part of the country may not be seen in this manner by other schools with more resources to individualize instruction. Moreover, the vast majority of children included in the categories during their school years will not retain this label as adults (Dunn, 1963). Instead they often take their place out in society, marry, vote, and hold jobs. For a majority of these children, the label "handicapped" or "problem" lasts only as long as the children are in school.

The lack of trained leadership is a problem of special education and pupil personnel services in South Dakota that is interrelated with all the other educational problems. There are some 207 superintendents in 207 independent school districts and an even greater number of principals for operating schools. However, there are only three trained, full-time public school administrators of pupil personnel services and/or special education in the state. If conservative estimates of children needing specialized educational services and pupil personnel services were used, South Dakota would have some 22,000 educationally handicapped children. If a definition were used that was more inclusive, and for example included potential school dropouts, some 20 per cent of the school-age population would be in need of help. The problems of existing special education and pupil personnel services in South Dakota

require the provision of not only more services to children but also a major restructuring of existing state resources.

Summary of Major Findings

The following are the major findings of this report:

(1) No school district in the state of South Dakota provides necessary or adequate special education services for all its handicapped children.

(2) There is no comprehensive educational diagnostic center for handicapped children in the state.

(3) No school district provides a quality secondary school program to develop prevocational skills, work orientation, and work adjustment in students classified as slow learners or educable mentally retarded.

(4) Programs for the educable mentally retarded frequently include severely handicapped children with a variety of accompanying physical stigmata.

(5) Programs for trainable mentally retarded children frequently include children with other major multiple handicaps.

(6) Local public school programs for children with hearing impairments and visual handicaps are almost nonexistent.

(7) Services to emotionally disturbed children are virtually nonexistent.

(8) No developed services exist for children with multiple handicaps.

(9) According to national statistics, South Dakota institutionalizes a higher proportion of handicapped children in comparison to most other states.

(10) South Dakota provides special education services for approximately 16 per cent of the state's handicapped children compared to a

nationwide rate of service for approximately 27 per cent (Mackie, 1965).

Summary of Recommendations

The following recommendations are offered:

(1) That special education and pupil personnel service centers be established to serve each proposed intermediate school district. This recommendation is based on the premise that only through such an administrative organization would these services be feasible for all children of the state.

(2) That the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, revise its policies and operational procedures to move from a direct program and pupil eligibility approach to a decentralized plan. This implies delegating responsibility for many of the processing decisions and pupil placement decisions made in the central office to the intermediate unit special education and/or pupil personnel directors.

(3) That the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, revise its regulations for special education services to include provision for children with specific learning disabilities. This would make it possible for new educational alternatives to be implemented with special state aids and, at the same time permit schools to move away from the present emphasis on "categorical labels" for children.

(4) That three comprehensive educational diagnostic centers be established in the state. Complex educational placement decisions about children for the public school programs as well as for the state would be routed through these centers. The three centers would be

interagency organizations and would serve different regions of the state.

(5) That the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, give direction, planning, and assistance in the operation of long-range inservice training programs for all educators in the state relating to educational diagnosis and teaching techniques for children with learning difficulties.

(6) That the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, develop a policy for the use of federal categorical aid money for the handicapped (Title III and Title VI) that would focus these monies on two or three intermediate special education district centers, rather than grant awards to individual school districts. This change in funding would facilitate the development of high quality services to large pupil populations.

(7) That a statewide study be conducted of the numbers of low incidence handicapped children, their health and educational needs, and the adequacy of available educational services. Currently, services to children with low incidence handicaps are almost nonexistent in the individual home school district.

(8) That the state public and private institutions of higher learning carefully evaluate their resources and the state's need for specialized personnel with a view to maintaining and developing a limited number of quality special education teacher training programs. Incidence figures of certain handicapping conditions suggest the need for new programs and/or the elimination of some existing ones.

(9) That a statewide coordinating council be established on health, education, and welfare needs of handicapped children. The council would coordinate the various services now available and assist in long-range planning for new programs and models for service in South Dakota.

CHAPTER II

South Dakota Programs for Special Education and Pupil Personnel Services

Organized special education and pupil personnel services in South Dakota have largely developed during the last two decades. The Division of Special Education was created in 1953. In 1962, the Divisions of Special Education and Guidance and Counseling were combined and designated as the Division of Pupil Personnel Services.

According to South Dakota law (Department of Public Instruction, 1969), the Superintendent of Public Instruction is charged with the responsibility of making provisions for the education of exceptional children as well as the development of rules and regulations to govern such programs. The 1969 Session Laws (Department of Public Instruction, 1969) defines exceptional children as "all children under the age of twenty-one who are residents of the state of South Dakota and who, because of their physical and mental conditions, are not adequately provided for through the usual facilities and services of the public school" (p. 27). Furthermore, each individual school district is charged with the responsibility of levying taxes either to provide instruction for exceptional children or to insure the payment of any claims resulting from the provision of such educational services. This is true whether or not the district operates an organized special education program.

The primary responsibility for the organization and administration of public school programs for handicapped children is vested in the Division of Pupil Personnel Services. The Division administers and provides support for a variety of functions, including federal programs, the testing of children, assignment of children to special education services, maintenance of special

classes, supervision of special education services and personnel, therapy and instruction on an individual case basis, and the certification and training of professional personnel. Since the Division of Special Education was first organized in 1953, only moderate increases have been realized in the quantity and quality of services available to handicapped children as contrasted with statewide needs. The 1953 report of the Division indicates that approximately 340 physically handicapped children received some state aid from special education funds. Overall expenditures in special education during the same 1953-54 biennium were $150,000, with approximately half of the appropriation in fiscal 1953 allocated to the Crippled Children's Hospital and School. During the fiscal year 1968-69, children with a variety of handicaps received some special education assistance under a state appropriation of $568,000, including $232,000 for the Crippled Children's Hospital and School in Sioux Falls.

Even though dollar appropriations for the special education program have nearly doubled during the last 15 years, existing educational services are grossly inadequate to meet the needs of handicapped children in South Dakota. In 1968-69, for example, only 57 out of a total of 207 independent school districts (about 25 per cent) included in the Educational Directory of South Dakota Schools (Diedtrich, 1968) were listed as providing some services for handicapped pupils. Thus, about 75 per cent, or 157 of the school districts in the state, were not providing special services for the handicapped within the school district.

The extent of service to handicapped children by school districts in South Dakota is far below existing national averages. A recent nationwide survey of school systems conducted by the U.S. Office of Education revealed that about one-half of the districts either maintained their own special education programs or provided such services through cooperative arrangements. Related to

these findings are data provided in the same survey on the estimated percentage of children served who require some form of specialized instruction. In 1963, about 27 per cent of the estimated school-age population in the United States in need of specialized instruction had access to some form of special education program. This figure is much higher than the estimated rate of service of 16 per cent for South Dakota during the 1968-69 school year. (It should be noted that the U.S. Office of Education statistics were reported in 1963, making it difficult to draw direct comparisons between nationwide and statewide figures. However, the nationwide estimates are probably markedly deflated due to the rapid growth which has occurred in special education services since these data were first collected and reported. Thus, the disparity in the level of special education services reported between South Dakota and present national averages is undoubtedly conservative.)

The above estimates of the adequacy of special education services in South Dakota are supported by the results of a recent statewide study conducted by the National Education Association Commission on Professional Rights and Responsibilities (1968). Their findings on special education and pupil personnel services were obtained from a representative sample of 15 independent school districts and ten common school districts in the state. They are as follows:

(1) Remedial instruction was found in about half of the districts.

(2) Half of the independent districts operated special classes for children with learning and physical difficulties or had access to shared programs with other districts. This instruction was not available in any of the common school districts except to those students who had an opportunity to enroll on a nonresident basis in the independent districts. Some mentally retarded children were

reported to be attending regular classrooms of the common school district.

(3) Most schools administered a minimum number of standardized tests of intellectual ability and academic achievement.

(4) Three districts in the sample had access to the services of a qualified psychologist, two had specially trained social workers to counsel with parents, and only four had attendance workers with special training.

(5) Special classes for handicapped children had been organized since the 1962-63 school year in nine of the 15 independent school districts visited but in none of the common school districts.

(6) Only four of the 15 independent school districts were providing special classes for slow learners at the high school level in 1967-68.

(7) Of the 25 districts, only ten made provisions for mentally and physically exceptional children and only four offered some home and hospital-bound instruction.

As a result of its findings, this select committee concluded that "the school districts of South Dakota are doing much to meet the needs of individual pupils, but an intensification of this effort may be the major challenge to the school system in the immediate future. . . . Team members found poignant examples of retarded pupils who belong in special classes for slow learners and of others with physical handicaps who belong in classes with special teachers" (p. 58).

The school districts in South Dakota presently offering special education services to handicapped children are listed in Table 1. This table contains a summary of the type of program, the extent of service, and the total enrollment of each school district. Perusal of Table 1 reveals that most of the districts

TABLE I

School Districts Offering Special Education
Services to Handicapped Children

School District	Number of Classes	Type of Handicapped Served	Ancillary Services	Enrollment of District (K-12)
Aberdeen	8	Mentally Retarded		5975
Arlington	1	Mentally Retarded		698
Armour	1	Mentally Retarded		332
Batesland (Shannon Co.)	1	Mentally Retarded		835
Belle Fourche	1	Mentally Retarded		1474
Beresford			Speech Therapist (part-time)	703
Britton	1	Mentally Retarded		746
Brookings	2	Mentally Retarded		2794
Canton	1	Mentally Retarded		1032
Centerville	1	Mentally Retarded		459
Chamberlain	1	Mentally Retarded	Speech Therapist (part-time)	1001
Dell Rapids	1	Mentally Retarded		763
De Smet	1	Mentally Retarded		724
Eagle Butte	1	Mentally Retarded	Speech Therapist (part-time)	594
Ellsworth Air Force Base (Douglas)	2	Mentally Retarded	Speech Therapist	3252
Flandreau	1	Mentally Retarded		1028
Frederick (North Brown School)	1	Mentally Retarded		412
Freeman	2	Mentally Retarded		431

School Districts Offering Special Education
Services to Handicapped Children

School District	Number of Classes	Type of Handicapped Served	Ancillary Services	Enrollment of District (K-12)
Gettysburg	1	Mentally Retarded		740
Gregory	1	Mentally Retarded		781
Highmore	1	Mentally Retarded		533
Howard	1	Mentally Retarded		791
Huron	5	M.R., Orthoped. & Multi. Handicapped		4094
Kimball	1	Mentally Retarded		404
Lead	2	Mentally Retarded		1964
Madison	1	Mentally Retarded		1966
Martin	1	Mentally Retarded		233
Milbank	2	Mentally Retarded	Speech Therapist	1439
Miller	1	Mentally Retarded		887
Mission	2	Mentally Retarded		1777
Mitchell	2	Mentally Retarded	Speech Therapist	2970
Mobridge	2	Mentally Retarded		1254
North Brown District	1	Mentally Retarded		unknown
Parkston	1	Mentally Retarded		713
Pierre	2	Mentally Retarded	Speech Therapist	2958
Pine Ridge (Channon Co.)	1	Mentally Retarded		701
Rapid City	14	Mentally Retarded	Speech Therapist (3) Homebound Teachers Physical Therapist	12866

School Districts Offering Special Education
Services to Handicapped Children

School District	Number of Classes	Type of Handicapped Served	Ancillary Services	Enrollment of District (K-12)
Redfield	1	Mentally Retarded		1198
Revillo	1	Mentally Retarded		504
Roscoe		Mentally Retarded		297
Roslyn	1	Mentally Retarded		256
Salem	1		Speech Therapist	420
Scotland	1	Mentally Retarded		482
Sioux Falls	15[a]	Mentally Retarded Orthop. & Emotion. Dist.	Homebound Teacher Speech Therapist (2)	18217
Sisseton	1	Mentally Retarded		1590
Spearfish	2	Mentally Retarded		1307
Sturgis	1	Mentally Retarded		2071
Tyndall	1	Mentally Retarded		399
Vermillion	2	Mentally Retarded	Speech Therapist	1517
Volga	1	Mentally Retarded		741
Watertown	3	Mentally Retarded	Speech Therapist	3860
Waubay	1	Mentally Retarded		501
Webster	1	Mentally Retarded		567
Wessington Springs	1	Mentally Retarded		1017
White River	1	Mentally Retarded		399
Winner	1	Mentally Retarded		1427
Yankton	2	Mentally Retarded		2854

[a]Classrooms in two special schools for trainable mentally retarded children are also supported by state special education aids.

with special education services were located in the larger cities or towns. However, an analysis of the schools listed in the 1968-69 school directory indicated that 60 districts with elementary school populations in excess of 200 did not provide special education services for the handicapped within the school district. The number of districts with high school enrollments exceeding 200 students without special education services was 15.[1]

This overview indicates that educational services for handicapped children have lagged far behind the existing needs of the state's school-age population. The need to increase state appropriations and services to pupils with special learning needs was cogently expressed in a report of the recently completed Great Plains School District Project. The report entitled, "A Design for Educational Organization in South Dakota" (Boxa, 1968) stated:

> Major emphasis should be placed upon two areas in South Dakota education: vocational education and special education. These two areas have been neglected for many years due to the inadequacy of school district size and the ability to perform the function by the local school district. Planning to meet these needs in South Dakota must be projected to the future so that the needs of youth and adults can be fulfilled (p. 98).

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[1] It is of some interest to note that 36 of the 75 secondary schools with North Central Association Accreditation do not report any special education services for handicapped children. These schools have received full accreditation even though they do not offer their students requisite comprehensive pupil personnel services. The Policies and Criteria Manual (North Central Association of Colleges and Secondary Schools, 1968) states that "special education instruction and services shall be available through the school to meet the needs of exceptional children . . . with handicaps in sight, hearing, language, intelligence or in other areas" (p. 59).

In the following section, a discussion of existing special education and pupil personnel services will be discussed. In addition, the estimated needs for such services in South Dakota according to the nature of the presenting problem will be developed. Following this section, recommendations will be stated and discussed.

Services for the Mentally Retarded

The Manual on Terminology and Classification of the American Association on Mental Deficiency (Heber, 1961) states that "mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with an impairment in adaptive behavior" (p. 3). Subaverage intellectual functioning, according to the manual, is indicated by the attainment of a relatively low score on a standardized general intelligence test. Diagnosis of mental retardation, however, also requires evidence of impaired adaptive behavior in the areas of maturation, learning, and/or social adjustment. For educational purposes, a distinction is often made between educable and trainable mentally retarded children. Educable mental retardation refers to those pupils with IQ scores between approximately 50 and 80 who are encountering difficulty in learning basic school subjects. The term "trainable mentally retarded" refers to students with IQ's between approximately 30 and 50. Curricular provisions for educable and trainable pupils should be quite different even though there is a certain degree of overlap between the two groups in a number of school-relevant behaviors.

Special education programs for elementary educable mentally retarded (EMR) pupils should provide an appropriate and comprehensive approach to include (1) training in language, numbers, and reading, etc.; (2) social development; (3) motor development and perceptual training; (4) mobility and orientation experiences; and (5) programs of parent consultation. Integration of students

into regular classroom programs and activities is often advantageous as long as their specific individual needs are given consideration. The curriculum at the junior and senior high school levels should provide opportunity for both pre-vocational and on-the-job training.

Table 2 contains (1) the U. S. Office of Education estimates on the incidence of each category of handicap, (2) the estimated number of pupils in South Dakota by category of handicap, (3) the total numbers of handicapped children served by some form of state aid during the 1968-69 school year, and (4) the estimated percentage of handicapped children served through various state special education services. Current enrollment figures, combined with these data, are considered in subsequent discussions to determine the types and extent of special education services required to meet the instructional needs of school children in the state adequately.

The reader should be cautioned against an overly strict interpretation of the estimates reported in Table 2, due to the fact that the accuracy of prevalence estimations is influenced by variations in social and economic conditions. Thus, it is not uncommon to find varying incidence levels for handicapping conditions among different schools, counties, regions, and states. However, the national incidence figures do appear to correspond closely to the results of a recently completed survey by Higbee (1969) of the prevalence of the handicapped children in school districts in the northern Black Hills. This survey relied exclusively on teacher reports and did not employ educational, medical, or psychological evaluations; however, the obtained estimated prevalence level of children with major learning difficulties of about 16 per cent is similar to the 13.5 per cent projection based on the U. S. Office of Education estimates reported in Table 2. Nonetheless, the reader is cautioned

TABLE 2

Rate of Educational Service During the 1968-69
School Year for Handicapped Children in South Dakota

Type of Handicap	Estimated Incidence[a]	Estimated Number[b]	Total Number Served[c]	Estimated Percentage Served
Educable Mentally Retarded	2.0%	3340	984	29
Trainable Mentally Retarded	0.3%	501	166	33
Emotionally Disburbed/Socially Maladjusted[d]	2.0%	3340	25	7
Special Learning Disabilities[e]	3.0%	5010	0	0
Speech Impaired[f]	3.5%	5845	2100	36
Physically Handicapped[g] (including multiply handicapped)	2.0%	3340	240	7
Visually Impaired[h]	0.09%	150	50	33
Hearing Impaired	0.6%	1002	124	12
Total	13.49%	22,528	3689	16

[a]U. S. Office of Education projections, reported in L. M. Dunn, Exceptional Children in the Schools (New York: Holt, Rinehart & Winston, 1963).

[b]Based on a September, 1968, K through 12 enrollment figure of 167,381 (167,000 was used to estimate number of pupils).

[c]Numbers include the approximate number of children served in state supported programs through supplemental tutoring as well as those enrolled at the state residential schools for the blind, deaf and orthopedically handicapped.

[d]Of the children reported in this category, 15 were served through out-of-state placements. An additional 170 children received some services at Yankton since July 1, 1967.

[e]A small undetermined number of children in this category may be served through the home tutoring program.

[f]Approximately 1800 students were serviced through public school speech therapy programs. The remaining 300 children were serviced individually on an out-patient fee basis.

[g]Approximately 130 of the children in this category received service from the Crippled Children's Hospital and School in Sioux Falls. The remaining number of children received auxiliary tutoring and physical therapy, out-of-state hospital placement, or school-to-home telephone instruction.

[h]An additional 37 pupils were given state aids in the form of sightsaving materials and equipment.

against making literal interpretations of the figures discussed in the following sections.

The estimated incidence of EMR children in the school-age population is 2 per cent. According to the projections in Table 2, there are approximately 3,340 EMR children in the state. During the 1968-69 school year, about 856 EMR children were given instruction in 67 special education classrooms under state reimbursed programs. An additional 128 EMR pupils were provided special education services in 28 "multipurpose" classrooms which included both educable and trainable children. Only two school districts in the state were found to be offering prevocational and vocational training for EMR pupils at the secondary school level. The total number of EMR children in state-supported special classes were 984. Using the national incidence projection, only 29 per cent of the estimated number of EMR children of school age in the state received some form of special education service. The specific school systems which provided special classes for EMR pupils are listed in Table 1. Approximately 33 per cent of these classes were located in the cities of Aberdeen, Rapid City, and Sioux Falls.

State aids also supported educational programs for trainable mentally retarded (TMR) children. The educational program for TMR children attempts to develop adequacy in self-help skills, social skills, vocational skills, and leisure time interests (Rosenzweig & Long, 1960). It emphasizes a curriculum which focuses on helping the children develop personal-social skills and to become useful and contributing members of society. The recommended number of pupils per classroom is ten; however, the number may vary from six to 15 depending on factors such as age, variation in mental abilities, or amount of school experience. In order to provide a single class for students between the ages of six and 13, a base population of approximately 2,000

pupils is required. The low incidence of this particular handicapping condition necessitates the establishment of interdistrict cooperative programs.

The data presented in Table 2 indicate that there are approximately 501 TMR children of school age in the state of South Dakota. During the 1968-69 school year, state aids provided support for 92 children in 12 classrooms. An estimated 61 TMR children also received special education services in the 28 "multipurpose" classrooms. The percentage of TMR children currently receiving state support under special education aids is estimated at 33 per cent.

Although they are not under the jurisdiction of the Division of Pupil Personnel Services, residential placement services are provided for the mentally retarded at Redfield State Hospital and School and Custer State Hospital. The Redfield State Hospital and School primarily admits persons with IQ's of less than 70. School services are provided for residents at the Institution in preschool and nursery classes, academically-oriented classes for various age groups, music activities, shop classes, home economics classes, and physical education activities. A psychologist is also employed on the school staff; his duties include the mental evaluation of children and adults as well as the initiation of commitment procedures at the county level. The 1968 Biennial Report of the State Commission for the Mentally Retarded (Chinn, 1968) reported a total resident population at Redfield of 1,077 mentally retarded persons. Table 3 represents the institutional population by age, sex, and mental classification as of June 30, 1968.

Custer State Hospital specializes in the care of severely and profoundly retarded children (i.e., those with IQ's of less than 39). The patients are largely dependent, severely impaired, and frequently have a number of concomitant handicaps. Many of the patients require extensive

nursing care. As of June 30, 1968, the Custer State Hospital had a resident population of 159. The institutional population by age, sex, and mental classification is summarized in Table 4.

A comparison of the numbers of mentally retarded persons in state residential institutions to those served in public school programs yielded the following findings. Approximately 27 per cent of the mentally retarded school-age pupils under state-supported programs were residents of the state residential institutions. This compared to the national average of 9 per cent of the mentally retarded who receive educational services in residential institutions (Mackie, 1964). Thus, 91 per cent of the mentally retarded in the United States remain in communities and in local public school programs in comparison to 73 per cent who remain in the community in South Dakota. Of the 73 per cent who remain in the community, approximately one-third are enrolled in classes for the mentally retarded. It cannot be concluded, however, that the remaining group of mentally retarded children in the community are not in public school programs. It is most probable that the majority are enrolled in regular school classes of some form.

A final comment needs to be made on the rate of institutionalization of mentally retarded persons in South Dakota. A recent report released by the Public Health Service (1968) indicates that South Dakota ranks third in the rate of commitment per 100,000 of the civilian population among the 49 states which provide residential care for the mentally retarded. Moreover, only eight states reported higher rates of total number of admissions per 100,000 of the civilian population during fiscal 1968-69. While it is exceedingly difficult to draw unequivocal inferences from these data, it could be posited that the high rate of institutionalization is in part a result of insufficient availability of community-based educational and other supportive services for the mentally retarded and their families.

TABLE 3

Institution Population by Age, Sex, and Mental Classification,
Redfield State Hospital and School,
June 30, 1968

MALES

	0-4	5-9	10-14	15-17	18-19	20-24	25-34	35-44	45-over	Total
Profound.....	1	3	6	6	8	14	34	28	16	116
Severe.....	0	9	17	16	14	27	36	25	41	185
Moderate.....	1	18	22	15	12	19	27	28	56	198
Mild.....	0	2	12	18	9	8	15	17	20	101
Borderline.....	0	0	1	1	1	1	2	4	7	17
Sub-Total	2	32	58	56	44	69	114	102	140	617

FEMALES

	0-4	5-9	10-14	15-17	18-19	20-24	25-34	35-44	45-over	Total
Profound.....	0	0	14	5	5	10	16	13	25	88
Severe.....	0	7	17	4	8	18	28	24	41	147
Moderate.....	1	8	16	9	3	18	11	31	45	142
Mild.....	0	2	1	3	5	12	11	7	27	68
Borderline.....	0	0	1	1	1	0	1	3	8	15
Sub-total	1	17	49	22	22	58	67	78	146	460
Grand Total	3	49	107	78	66	127	181	180	286	1,077

TABLE 4

Institution Population by Age, Sex, and Mental Classification, Custer State Hospital[1]

June 30, 1968

MALES

	0-4	5-9	10-14	15-17	18-19	20-24	25-34	35-44	45-over	Total
Profound.....	4	13	21	10	8	6	9	0	2	73
Severe.....	3	5	3	2	0	1	0	1	1	16
Moderate.....	0	0	0	0	0	1	0	0	1	2
Mild.....	0	0	0	0	0	0	0	0	0	0
Sub-Total.....	7	18	24	12	8	8	9	1	4	91

FEMALES

	0-4	5-9	10-14	15-17	18-19	20-24	25-34	35-44	45-over	Total
Profound.....	2	13	10	10	4	6	1	2	2	50
Severe.....	1	6	1	0	2	2	1	0	1	14
Moderate.....	0	1	0	0	0	0	0	1	0	2
Mild.....	0	0	0	0	0	0	0	0	2	2
Sub-Total	3	20	11	10	6	8	2	3	5	68
Grand Total	10	38	35	22	14	16	11	4	9	159

[1]Howard J. Chinn, (Chairman), Twenty-second Biennial Report of the State Commission for the Mentally Retarded (Pierre, South Dakota, 1968), p. 7-8.

Services for Emotionally Disturbed/Socially Maladjusted Children

While considerable overlap is inherent in the categories "emotionally disturbed" and "socially maladjusted," the terms are not considered synonymous for educational purposes. Pate (1963) defines an emotionally disturbed child as one whose "reactions to life situations are so personally unrewarding and so inappropriate as to be unacceptable to his peers and adults" (p. 242). For educationally purposes, he further states that a child is disturbed when his behavior is so inappropriate that regular class attendance (1) would be disrupting for the rest of the class, (2) would place undue pressure on the teacher, or (3) further the disturbance of the pupil. The socially maladjusted child is defined as a chronic juvenile offender who persistently refuses to conform to minimal and acceptable standards of conduct required in regular school classrooms (Pate, 1963). Pate (1963) suggests the most obvious and salient difference between the categories "socially maladjusted" and "emotionally disturbed" is that the former connotes a sociological difficulty. A common characteristic of children in either category is the frequent manifestation of concomitant school-related learning problems. Thus, it is often difficult in many cases to differentiate unequivocably among the categories of emotionally disturbed, socially maladjusted, and special learning difficulties.

Educational as well as ancillary psychiatric and social work services are provided for the emotionally disturbed and/or socially maladjusted in a variety of settings. Among the more common types of programs are those in (1) private day or residential schools which may include both intensive educational and psychiatric services, (2) special classes and ancillary services in outpatient community mental health centers, and (3) special classes in regular elementary or secondary schools. No matter what organizational design is used to vend school instruction to disturbed or socially maladjusted children,

all programs require the maintenance of low teacher-pupil ratios along with adequate supporting services from other disciplines (e.g., psychology, guidance and counseling, social work, psychiatry, etc.). Since the cost of providing services to these children is high, an adequate population and financial base is essential.

Available educational and other ancillary services for disturbed and/or maladjusted children are grossly inadequate to meet existing needs for the school-age population in South Dakota. In the last school year, only one public school classroom for emotionally disturbed children existed and received special education support within the state. This classroom was conducted by the Southeastern Mental Health Center in cooperation with the Sioux Falls public school system. Approximately ten children were served in this program during the 1968-69 school year.

The 1967 Legislature authorized the Board of Charities and Corrections to establish an adolescent treatment program at Yankton State Hospital. All children between the ages of 12 and 18 years who are "mentally disturbed" are eligible for admission to the unit. As a result of the authorization, a 50-bed semiclosed ward was developed. Since July 1, 1967, approximately 170 persons have been provided some educational and/or psychiatric services in this facility.

In addition to the ten children served in the Sioux Falls program, state special education aids were also used to provide treatment for 15 emotionally disturbed children in out-of-state facilities. The responsibility for the out-of-state placement of emotionally disturbed children is vested with the Division of Pupil Personnel Services, the Commission on Mental Health and Mental Retardation, and the Division of Child Welfare. Because of limited appropriations and state policies that require parents to pay part of the costs for education and treatment, in-state and out-of-state placement of emotionally disturbed children inflicts an inordinate financial burden upon their families.

The gravity of this problem was stated succinctly in the following excerpts taken from recent budget requests:

> We will have difficulty in arranging either in-state or out-of-state placement for emotionally disturbed children until special consideration is given to provide sufficient funding...At the present time the only children who can be placed are those who qualify for Welfare or those whose parents can pay the excess cost of $350 to $400 per month. The minimum cost per child is about $7000 a year. With the present funding, the State and the County Special Education Fund (combined) take care of approximately $3360. This leaves $3640 for the parents, plus the additional costs of transportation, medical care, and other incidental costs necessary to maintain the placement.

Policies and appropriations relating to the residential treatment of emotionally disturbed children stand in stark contradiction to those which govern the education of children with visual and hearing impairments. State statutes relating to the education of blind children provide that "all persons, residents of this State, over six years of age and under twenty-one years of age, who by reason of blindness...have not received or are unable to receive the full benefits of the public schools, and who shall be capable of receiving instruction...shall upon application to the Superintendent of the State School for the Blind be received and taught, free of charge,[2] at such School and shall be entitled to receive an education in such institution of at least twelve years at the expense of the state".[3] (Legislative Research Council, 1967; p. 33)...The statutes governing the education of hearing impaired children also provide for their tuition "free of charge." Clearly, policies and limited state appropriations for handicapped children are placing an unfair financial

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[2]Underlining added by authors.

[3]Ibid.

burden upon the parents of emotionally disturbed children. These inequities in financial support undoubtedly establish and maintain a form of economic discrimination which operates to deny desperately needed services to large numbers of emotionally disturbed children and their families.

It has been reported above that only about 25 emotionally disturbed children received state special education support during the 1968-69 school year. Examination of Table 2 reveals that only 7 per cent of the state's estimated number of disturbed children received educational services. While these projections may be subject to some error, there is reason to suspect, as a result of data obtained in a recent survey, that the estimates are probably conservative. Using a standardized behavior symptom check-list, ratings were recently obtained on the emotional behavior of 7,240 children in South Dakota by approximately 290 elementary school classroom teachers (State Department of Health, 1965). Participating in the survey were three schools within each of the major cities, five small independent school districts, and a federal school. Most of the schools provided some special education services. The following findings were obtained:

(1) Approximately 19.5 per cent of the children were rated as showing signs of emotional disturbance. The teachers felt that these children could be accommodated adequately within the context of the regular classroom provided that certain ancillary services were available.

(2) About 1.3 per cent of the children fell into the category which necessitated treatment in a special facility.

(3) The prevalance of disturbed behavior was found to be twice as common among males.

(4) Under a category designated "special characteristics," 7.4 per cent of the students were rated as mentally deficient.

The above statistics poignantly illustrate the need to provide adequate and equal educational opportunities for the emotionally handicapped.

Special Learning Disabilities

Children with special learning disabilities "generally demonstrate a discrepancy between expected and actual achievement in one or more areas, such as spoken, read, or written language, mathematics, and spatial orientation which is not primarily the result of a sensory, motor, intellectual, or emotional handicap or lack of opportunity to learn" (Kass, 1969; p. 71). Educational services for these pupils are ordinarily provided within the context of self-contained classrooms or through a resource room. The resource room plan appears to be gaining increasing prominence in public school programs. In addition to the classroom and resource room approaches, many school systems provide supplemental tutoring programs for limited periods of time during the school day.

The concept of special learning disabilities is one of the most exciting emerging trends in the field of special education. Since the program focuses on specific learning problems and handicaps of each student, it enables the teacher to develop an individual program of instruction based upon sound educational diagnosis. Thus, one of the major advantages of this approach is that it avoids some of the negative aspects which often result from categorizing and labeling students. It also serves a broader range of students who without supporting services would likely fall out of the mainstream of general education.

The information reported in Table 2 indicates that no services were provided under state aids to children defined as having specific learning

disabilities. (The only service which might be considered germane to this particular area was provided under the supplementary tutoring program. However, most of the 59 pupils given tutorial instruction in this category were physically and/or mentally handicapped.) Applying the estimated incidence rate to the school population of South Dakota results in a figure of 5,010 pupils with special learning problems. With few, if any, services available for the child with special learning disabilities, it appears that large numbers of children in the state are in educational programs at dissonance with both their needs and abilities.

Services for Children with Speech Impairments

Van Riper (1963) defines speech as "defective when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted" (p. 16). A further delineation is made between speech disorders of a "functional" or "organic" nature. Functional speech disorders are ones in which no discernible deviations of physical structure appear to exist as in the case of articulation and stuttering problems (Hull, 1963). In contrast, organic speech disorders appear to emanate from underlying structural defects (e.g., cleft palate and cerebral palsy speech). Johnson (1959) lists the following types of severe speech disorders among school children: (1) articulation, (2) voice, (3) stuttering, (4) cleft palate and lip, (5) delayed speech development, (6) cerebral palsy and other types of neuromuscular impairment, and (7) miscellaneous fluency and rate problems. Articulation problems rank as the most prevalent of the various speech disorders.

Speech therapy is one of the most commonly provided special education ancillary services. Services are usually concentrated in the following ways: 75 per cent in grades K; 18 per cent in grades 3 and 4; and 7 per cent

in grades 5 through 12. Current programs give major recognition to the early identification and remediation of children with speech and language problems. Instruction is provided two or three times weekly on either an individual or small group basis in therapy sessions ordinarily lasting for 30 minutes. A minimum of 60 minutes of speech and language therapy per week is usually recommended. Current program trends indicate that increasing emphasis in speech therapy services is being given to identification and service to children with major language disorders and/or poor language development.

Speech therapy services were supported by state aid during the 1968-69 school year in the following cities: Beresford, Chamberlain, Eagle Butte, Ellsworth Air Force Base, Harrold, Milbank, Mitchell, Pierre, Pine Ridge, Rapid City, Salem, Sioux Falls, Vermillion, Watertown, and Yankton. In addition, the Western Educational Planning Center in Rapid City, a Title III Project, employed one speech therapist for the second semester of the 1968-69 school year to serve the elementary schools of Belle Fourche, Newell, Sturgis, Lead, Deadwood, Spearfish, Pluma, St. Onge, Nisland, and Terraville.

Additional speech and hearing services are provided through the Crippled Children's Hospital and School and the South Dakota School for the Deaf. At the Crippled Children's Hospital and School, two speech clinicians serve residents of the school as well as other children in the Sioux Falls area on an outpatient basis. This service is available 12 months a year. At the South Dakota School for the Deaf, audiological facilities and evaluations are also available to persons in the state on an outpatient basis during the entire year.

A number of colleges and universities offer speech and hearing services to their students. The colleges and universities offering such services include Augustana College in Sioux Falls, Mount Marty College in Yankton,

Northern State College in Aberdeen, Sioux Falls College in Sioux Falls, South Dakota State University in Brookings, Southern State College in Springfield, and the University of South Dakota in Vermillion. Outpatient services to surrounding communities are offered by Northern State College, South Dakota State University, and the University of South Dakota.

The University of South Dakota in Vermillion appears to offer the most comprehensive speech and hearing evaluation and therapy services. In addition, the Center provides hearing and hearing aid evaluations, counseling, speech reading, auditory training, and language development for hard of hearing children and adults. Psychological, educational and medical evaluations are available through other departments of the University. Moreover, the University provides certain direct services to public schools in the state through a mobile speech and hearing unit. Through the mobile speech and hearing program, children throughout the schools of South Dakota are screened upon request of the local school district. The unit is sponsored by the Division of Pupil Personnel of South Dakota. During the 1968-69 academic year, approximately 29,000 children were screened through this program.

Approximately 2,100 children received speech therapy services under state special education aids during the 1968-69 school year. Of this number, about 1,800 children received direct service from therapists employed in 13 local school districts. An additional 300 children were given services on an individual case basis by clinicians working under State Department approval.

The recognized incidence rate for speech and language disorders among the school population is 3.5 per cent. Applying this estimate to the 1968-69 school population in South Dakota yields an estimated prevalance figure of 5,845 pupils with severe speech impairments. Thus, it is estimated that only

36 per cent of the children with severe speech and language defects were given speech therapy services under state-supported programs during the past school year.

Physically Handicapped

Children designated as physically handicapped are comprised of those with the orthopedic handicaps and chronic health problems. Orthopedic impairments consist for the most part of malformations and malfunctions of bones, joints, or muscles (Dunn, 1963). The term "chronic health conditions" refers to a variety of physical conditions including rheumatic fever, cardiac disorders, nephritis, hepatitis, epilepsy, allergies, diabetes, and many others.

An increasing accumulation of evidence suggests that the incidence of children with multiple physical and other disabilities is growing (Connor, 1967; Dunn, 1967). In a survey of handicapped pupils in Georgia, Wishik (1956) found one-third of the children had one disability, one-third had two, and one-third had three or more. Thus, at least two-thirds of this particular sample could be considered to be multiply handicapped. For educational planning, the concept of "major handicap" of the child should be given paramount consideration.

While the number of nonsensory physically handicapped children has increased during the last two decades, the percentage increase in services to these children has been much lower than those reported for other areas of handicap such as the mentally retarded (Mackie, 1965). Recent and dramatic advances in both medical science and educational services have no doubt contributed substantially toward reducing the need to provide services to many physically handicapped children. Coincidental with these developments, however, have been the resultant effects of improved medical procedures which have preserved the lives of many children who had formerly succumbed at an early age. Many of these children, as well as those who have been affected by

major viral infections such as rubella, have contributed disproportionately to the noticeable increase in the prevalence of children with combined handicapping conditions.

The type of program for the physically handicapped depends on the nature and severity of the handicapping condition. Usually there is some medical evaluation of the case which establishes the severity of the handicap. In addition, school personnel such as nurses, psychologists, and social workers are involved in various phases of the evaluation process. There are some students who require special class placement in a school or facility with the proper staff and equipment to deal with their problems. Students with less severe problems, however, may be maintained in regular class placement with proper planning and provision of auxiliary services. Such services might include itinerant teachers to administer supplemental instruction. Still other children are provided home or hospital instruction on an individual case basis. At the present time, current trends in the United States indicate that there is only limited use of self-contained special classrooms. Increasingly, special educational services are being brought to these children by itinerant specialists. Moreover, the removal of architectural barriers in newer school buildings has increased the mobility of physically handicapped children who may use either crutches or wheelchairs, and it has thereby enhanced the possibility of regular classroom placement.

The data reported in Table 2 reveal that around 240 physically handicapped pupils received state aids during the 1968-69 school year. Approximately 130 of these students were enrolled in the Crippled Children's Hospital and School in Sioux Falls. The Crippled Children's Hospital and School operates a comprehensive and essentially academic curriculum. Other state-supported services provided to these children include physical therapy and tutorial services on an individual case basis.

Since many physically handicapped children possess normal learning ability and thus require little in the way of special education assistance, it is difficult to evaluate the extent of need for services in this area. It is clear from the available data, however, that few services are being provided for children with multiple handicaps. A survey of the admission criteria of the State Schools for the Blind and Deaf, as well as the Crippled Children's Hospital and School, indicated a virtual absence of planned and coordinated services for children with more severe multiple handicaps. The apparent emphasis upon serving children with nearly average, or above average, mental ability limits the admission of many multiply handicapped children with more pronounced learning deficits. Attention should be given to ascertaining the prevalence of multiply handicapped children in South Dakota. Appropriate consideration can then be given to the establishment of programs in what appears to be a neglected area of service.

Visually Handicapped

The term "visually handicapped" encompasses two groups of children -- the blind and the partially sighted. The essential distinctions made between blind and partially sighted children are based on both the degree of useful vision they possess and the media they use to read. Ashcroft (1963) defines blind children as those "who have so little remaining useful vision that they must use braille as their reading medium" (p. 414). The partially sighted, in contrast, comprise those children "who retain a relatively low degree of vision and can read only enlarged print or those who have remaining vision making it possible for them to read limited amounts of regular print under very special conditions" (Ashcroft, 1963; p. 414). The legal definition of blindness is a visual acuity of 20/200 or less in the better eye with the best possible correction or a restriction in the field of vision to an angle subtending an arc

of 20 degrees or less (American Foundation for the Blind, 1961). Using essentially a visual acuity criterion, Hathaway (1959) defines the partially sighted as those who have remaining visual acuity between 20/200 and 20/70 in the better eye with the best correction or who, in the opinion of eye specialists, can benefit from appropriate special education services.

Several different administrative plans are employed to provide services to visually impaired children. The more common approaches include the itinerant teacher plan, the resource teacher plan, the special class plan, and residential school placement. The itinerant teacher, resource teacher, and special class arrangements primarily represent services provided by local school districts. The essential differences among these three options reside in the amount and type of service provided as well as in the ratio of time spent in the regular or special classroom settings. The residential school plan is a self-contained educational program which largely serves blind rather than partially seeing children (Ashcroft, 1963). Recent statistics indicate that approximately 65 per cent of visually handicapped children given special education services are accommodated in local public school programs, while 35 per cent of the children are educated in residential school settings (Mackie, 1964).

Most of the services to blind children are provided through the State School for the Blind in Aberdeen. The South Dakota School for the Blind was first established in Gary around 1900. During the 1968-69 school year, approximately 50 children were enrolled on a residential basis. The present school is housed in a modern physical plant built entirely on one floor.

The School for the Blind is fully accredited by the Department of Public Instruction. The School is in session nine months of the year; its curriculum includes the same subjects found in the regular school. At the secondary school level, four years of English, three years of science, three

years of mathematics, three years of social studies, and two years of home economics are offered. Special courses are also provided, including woodwork, ceramics, plastics, leather tooling, weaving, and reupholstering of furniture. Furthermore, work in music, typing, and foreign language is available. Eligibility requirements state that all persons must be residents of the state, over six years of age, and under 21 years of age. The law states that children attending the School for the Blind shall be entitled to receive an education for at least 12 years at the expense of the state. Current policies preclude the admission of severely mentally retarded or severely physically handicapped children. However, physically handicapped and slow learning children can be enrolled if they display a reasonable degree of accomplishment and are capable of taking care of themselves reasonably well. Approximately 80 per cent of the children eventually graduate, and 75 per cent continue their education beyond secondary school.

Table 2 presents a summary of the estimated number and percentage of visually handicapped children served in South Dakota. Caution should be exercised in the interpretation of these data. The estimated incidence of blind children is .03 per cent. Since the 50 children served were enrolled at the School for the Blind, it is quite likely that nearly all of the state's blind children with intact intelligence were provided with special education services. The adequacy of services to partially sighted and multiply handicapped blind children is difficult to assess. Many partially sighted children are no doubt adjusting satisfactorily in the regular classrooms. In 1968-69, special education aids provided special materials and equipment to approximately 37 partially sighted pupils. While residential services appear to be adequately meeting the needs of severely visually handicapped children with near normal or above normal intelligence it is apparent that supportive

services to partially sighted children in the local schools are minimal. Moreover, community based educational programs for multiply handicapped children do not exist.

Auditorially Handicapped

The hearing impaired, as the visually handicapped, are usually divided into two groups according to degree of hearing loss -- the deaf and the hard of hearing. Although the auditorially handicapped are often divided into two groups for educational purposes, it is apparent that hearing losses vary along a continuum from insignificant to total (Wooden, 1963). In educational terms, the deaf can be defined as comprising those children "in whom the sense of hearing, either with or without a hearing aid, is insufficient for interpreting speech" (Wooden, 1963; p. 344). The hard of hearing consist of those children "in whom the loss of hearing is educationally significant, but whose residual hearing is sufficient for interpreting speech with -- if not without -- a hearing aid" (Wooden, 1963; p. 344). The estimated incidence of deaf children is .1 of one per cent of the school population, while hard of hearing children make up an estimated .5 of one per cent of the school-age population. Approximately 63 per cent of deaf and hard of hearing children receive educational services in public school programs (Mackie, 1964).

Several types of facilities are in use in the United States to provide educational services for the auditorially handicapped. These organizational plans parallel services provided for visually impaired children. The type of educational service recommended for hearing impaired children is dependent upon a number of factors, including (1) age of onset of impairment, (2) extent and nature of loss, (3) intelligence and other learning considerations, (4) presence of other handicaps, and (5) ability to utilize residual hearing. Because of the major difficulties hearing impaired children encounter in

acquiring speech and language skills, a strong preschool and parent education program is an imperative component of a comprehensive educational service.

Services to hearing impaired children are primarily provided through the South Dakota School for the Deaf. This residential school for the deaf provides an elementary and secondary education which, for the most part, attempts to follow the state course of study prescribed for regular elementary and secondary schools. Moreover, the School for the Deaf has diagnostic facilities in the area of speech and hearing, including an audiometric testing laboratory. Other disciplines represented at the School for the Deaf include a psychologist experienced in work with deaf and hard of hearing children and a speech therapist. The stated admission policy of the School for the Deaf with regard to multiply handicapped children is to admit those who can be helped to a greater degree in the school than in some other program in the state. According to a recent report (South Dakota Comprehensive Planning for Mental Retardation, 1965), the School for the Deaf does not accept mentally retarded students with limited hearing ability. This school, like the State School for the Blind, is under the direction of the State Board of Regents which also has jurisdiction over the state colleges and universities.

State special education aids have also supported the out-of-state placement of two hearing impaired children. Other than speech therapy and tutoring, however, few educational services exist for the hearing impaired within the local school districts in South Dakota.

The data reported on the hearing impaired in Table 2 report the extent of service in relationship to currently estimated needs. As is the case with the visually handicapped, these statistics are difficult to interpret unequivocably. If separate estimates are made for the deaf and the hard of hearing the figures become more interpretable. Using accepted incidence estimates, there are approximately 167 school-age deaf children in

South Dakota. Of this number, about 124 received instructional services under some sort of state support in residential schools for the deaf. Thus, the majority of the estimated number of deaf children were being served through either the State School for the Deaf or out-of-state placements.

The extent of state services to hard of hearing children is unknown. Moreover, the degree to which deaf children with multiple handicapping conditions are being served cannot be accurately estimated. Under current admission criteria, it is likely that most of the multiply handicapped children with hearing deficits do not receive adequate state supported special educational and other ancillary services. A survey of the educational needs of these two groups of auditorially handicapped children is required to plan future special education services.

Other Essential Pupil Personnel Services

A number of pupil personnel services are supported through state education funds. Some of these services include individual case services, psychological testing, counseling and guidance services, and school health services. The range and extent of pupil personnel activities supported by the state are described below.

Individual case services. A variety of individual case services are supported through state special education funds. In Table 5, a brief summary is given of the type of service and the number of pupils served during the 1968-69 school year. The specific services are briefly discussed as follows.

TABLE 5

Individual Case Services Provided During the 1968-69 School Year

Type of Service	Number of Pupils Served
Speech Therapy	300
Physical Therapy	31
Hospital School (Out-of-state)	10
Sight-saving Materials and Equipment	37
Out-of-State Placement for Emotionally Disturbed Children	15
Individual Tutoring Services	59
Crippled Children's Hospital and School	130
Psychological Appraisals	953
Total	1535

Tutors for the homebound. Tutors are provided for mentally retarded, emotionally disturbed, and physically handicapped children where no other program is available or until suitable school placement can be made. Tutoring services for physically handicapped children usually are of short duration -- as in cases where the child is hospitalized for illness or injury.

Sight-saving materials for the partially sighted and materials for the blind. Large print textbooks, magnifiers, braille books, and recordings are provided for visually handicapped children in the public schools.

School-to-home telephone. School-to-home telephone installations are provided, where possible, for long-term homebound cases. Considerations that are important to initiating this type of service are length of time the child will be out of school, grade placement, and mental ability of the child.

Transportation. State aid for transportation is provided only in those cases where the child requires both board and room and transportation. This usually consists of taxi service for children who are confined to wheel chairs.

Speech, hearing and physical therapy. Individual case services are provided for children in those areas where provisions are not available within the local public school.

Psychological testing. Testing services are arranged through the Division of Pupil Personnel Services using the services of qualified psychological examiners in public schools, mental health centers, Veterans Administration hospitals, state colleges, and individual psychologists. The law stipulates that a child must be certified as mentally handicapped by a qualified psychological examiner before he can be placed in an appropriate special education program. Furthermore, the law requires a periodic evaluation of progress; therefore, it has been the policy of the Division of Pupil Personnel Services to endeavor to retest children in special education programs every three years.

During the 1968-69 school year, Sioux Falls and Mitchell public schools were the only districts in the state employing full-time school psychologists. All other psychological evaluation services to local school districts were provided on an individual fee basis by part-time school psychologists or psychological examiners (psychometrists). A total of 34 part-time examiners were employed during 1968-69 under this program. Sixteen of these examiners were fully certified as school psychologists in South Dakota. Examiners working on an individual fee basis receive $15 for each psychological evaluation. In addition to these individual case services, the School for the Deaf, the Crippled Children's Hospital and School, the Division of Pupil Personnel Services, Redfield State Hospital, and the regional mental health centers also employ psychologists.

Speech and hearing mobile unit. The speech and hearing mobile unit is a statewide cooperative speech and hearing testing program between the University

of South Dakota Speech and Hearing Clinic and the Department of Public Instruction, Division of Pupil Personnel Services. During 1968-69, about 29,000 children were screened for the presence of speech and/or hearing defects through this program.

Guidance and Counseling Services[4]

One of the major functions of the Division of Pupil Personnel Services is to administer guidance and counseling programs in the state. According to recent figures, approximately 326 counselors provided guidance services in public and non-public high schools during the 1968-69 school year. The amount of released guidance time for counselors with varying levels of certification in South Dakota high schools is summarized in Table 6. The data provided in this table indicate that most of the certified counselors were engaged in full-time guidance activities, while those with less training were performing guidance and counseling activities on a part-time basis. Information obtained from the Division reveals that most guidance and counseling activity is concentrated in secondary rather than elementary schools.

The guidance and counseling service within the Division of Pupil Personnel Services provides (1) consultative services to schools; (2) evaluation of counselors and teacher-counselor certificates; (3) accreditation of the guidance programs in all secondary schools; (4) implementation of the National Defense Education Act, Title Va State Plan; (5) dissemination of information through bulletins and publications, workshops and conferences,

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[4]Much of the following sections on guidance and counseling services is based on information obtained from pages 5 and 6 of the Legislative Research Council Report (1967). A comprehensive presentation of guidance and counseling service needs and responsibilities for the State of South Dakota is contained in a recently completed paper by Poling (1968). This report also includes an excellent discussion of recommendations for improving and developing existing services.

research and studies in the guidance field; and (6) consultative work with the South Dakota Personnel and Guidance Association. These services are described below.

TABLE 6

Amount of Released Guidance Time in South Dakota High Schools for Certified Counselors, Certified Teacher-Counselors and Noncertified Guidance Personnel

Type of Certification	Full Time	Half to Full Time	Half Time	Less than Half Time	Time not Shown	Total
Certified Counselors						
Public Schools	69	19	11	18	0	117
Nonpublic Schools	3	6	1	7	0	17
TOTAL	72	25	12	25	0	134
Certified Teacher-Counselors						
Public Schools	1	16	8	28	0	53
Nonpublic Schools	0	1	1	4	0	6
TOTAL	1	17	9	32	0	59
Noncertified Guidance Personnel						
Public Schools	5	6	11	93	2	117
Nonpublic Schools	2	2	0	8	4	16
TOTAL	7	8	11	101	6	133

Evaluation for counselor and teacher-counselor certification. In 1960 the State Board of Education made provisions for the certification of counselors. The additional revision and upgrading of accreditation policies and certification standards (effective July 1, 1965) have resulted in increased certification of counselors and in an upgrading of certification status.

Guidance accreditation. Accreditation in guidance is based on counselor qualification, released time, counselor-student ratio, and the evaluation of all secondary school guidance programs made through the use of the Annual Administrators' Reports. This information is sent to each school and to the Secondary School Supervisor for his use in evaluating all schools for accreditation.

Organization and implementation of the National Defense Education Act Title Va State Plan. As a result of expansion of the National Defense Education Act (NDEA) program, a new State Plan was developed and implemented, effective July 1, 1965. The plan required schools to submit evidence of meeting basic requirements as outlined in the State Plan by describing their proposed program to provide a quality guidance program. The majority of these pilot projects were at the elementary school level. Counselors in pilot program schools submit reports each month summarizing their work in student interviews, testing, parent interviews, conferences with school personnel, research and study activities, and guidance committees. These reports along with supervisory visits to the schools serve as a means of evaluating the programs.

In addition, the Iowa Tests of Educational Development are made available to all ninth and eleventh graders in the state through NDEA, Title Va funds. Scoring service reports to the schools include local, state, and national norms, student profile cards, confidential summary reports, frequency distribution, and growth scales. Likewise, the Lorge-Thorndike Intelligence Tests, Level 4, are provided. These tests, including verbal and nonverbal IQ scores, are made available to all ninth graders in the state.

Consultative services to schools. Leadership is provided to the schools to assist them in implementing, developing, and improving their guidance programs. This service may include visits, bulletins, workshops, conferences and publications. In addition to the pilot schools, visits are made to the schools with guidance projects under Titles I and III of the Elementary and Secondary Education Act as well as to other schools upon request.

Guidance publications and dissemination of information. The Guidance Service Newsletter is sent monthly during the school year to a mailing list of

approximately 800 persons. It serves as a medium for keeping school personnel informed on current guidance matters. Presentations by staff members at school meetings, workshops, and college classes also serve to augment this information. Staff members work closely with the Board of Directors of the South Dakota Personnel and Guidance Association in an advisory and a consultative capacity. This involves two meetings of the Board of Directors each year -- the South Dakota Personnel and Guidance Association meeting at the South Dakota Education Association convention and at the annual Guidance Conference.

Title III Projects Concerned with Special Education

Title III of the Elementary and Secondary Education Act of 1965 is designed to encourage the development and demonstration of innovative projects in education. The law stipulates that at least 15 per cent of the appropriations under this Title must be allocated for programs to serve handicapped children.

Under the provisions of the Act, South Dakota in 1966 created four regional education centers. The four centers were located in the Central Region, Pierre Independent School District; the Northeastern Region, Watertown Independent School District; the Southeastern Region, Sioux Falls Independent School District; and the Western Region, Rapid City Independent School District. Projects in each of the four centers which are concerned with the education of handicapped children are described briefly below.

Northeastern region. One of the projects of the Northeastern Region Supplementary Educational Service Center is designed to identify the educationally handicapped in area schools and to provide special educational experiences for a variety of children with handicapping conditions. The stated goals of the project include (1) itinerant supervisory assistance to more than 30 teachers of mentally retarded children, (2) inservice training

projects, conferences, and workshops for supervisory personnel as well as special and regular class teachers, and (3) the establishment of model programs to demonstrate the efficacy of proven techniques and new materials to both special and regular classroom teachers.

In addition to a number of proposed activities, the Northeastern Title III Center has sponsored a number of specific workshops in the areas of language arts, science, individualized instruction, and reading. Workshops for special education personnel included the following:

(1) Special Education Consortium: A meeting of nine special education teachers was held in Watertown on October 2, 1968. Primary, intermediate, and junior high level teachers working with both the educable and/or trainable mentally retarded were represented. The conference included views and approaches the teachers were using as well as a discussion of new materials now available to special education teachers.

(2) Vocational Planning for the Mentally Retarded: A conference on vocational planning for the mentally retarded was held in Watertown on January 10, 1969. The keynote speaker for the conference was Mr. Larry Anderson, Director of Special Education for Becker County, Detroit Lakes, Minnesota. His topic dealt with implementing a program providing for the vocational needs of the mentally retarded.

The Center also assisted in the development of supplementary educational services in the cities of Arlington and Brookings. These services included resource rooms for nonhandicapped children as well as an experimental non-graded elementary school for grades 1 through 5 in Brookings. The Brookings program employs resource teaching centers and a variety of new curriculum materials. The Watertown Public Schools, moreover, has initiated an individualized program to prepare mentally handicapped youth of junior high school

age for the world of work. A nongraded approach is used to develop vocational skills and concepts.

Southeastern region. Two projects related to the education of handicapped children are being supported through the Southeastern Region Supplementary Educational Service Center. One project is designed to develop a single training facility for trainable mentally retarded children. A specialist is being employed to work directly with teachers in the Sioux Empire Developmental Center for the Handicapped, the Sioux Vocational School for the Handicapped, and the Southeastern Mental Health Center to develop appropriate curricula and training experiences for the trainable mentally retarded.

The second aspect of the Center's activities concerned with the handicapped is a pilot project designed to demonstrate the efficacy of an educational intervention program for children with perceptual motor handicaps. The project has provided inservice training to about 450 teachers in the Southeast area. Moreover, the Center has developed a "lay tutor" program. The tutors comprise a corps of well-educated women in the Sioux Falls area. Following a series of training sessions, the tutors use a variety of special materials in working with the children on an individual basis.

Central region. The Central Region Supplementary Educational Service Center supports two projects concerned with the provision of special education and pupil personnel services. A Guidance Service Project has been developed to provide guidance service by a specialist to four independent school districts in Sully and Hughes counties as well as to the common school districts of Sully County. The other special education project is designed to aid students of the Mobridge Independent School District in grades 7 through 12 who have various emotional problems. The program plans to ameliorate the effects of these difficulties through (1) involving the students in an off-campus

counseling program at least twice a week, (2) offering courses in psychoeducation at Northern State College to parents and teachers, and (3) involving both parents and children in a supportive program of family activities.

The Center also sponsored a speech and hearing workshop for teachers, guidance counselors, and administrators during the 1968-69 school year.

Western region. The Western Region Supplementary Educational Service Center is sponsoring one project for handicapped children. The project is designed to provide ancillary services to handicapped children in a number of school districts in close proximity to Black Hills State College in Spearfish. The project provides a speech therapist and two special teachers to give direct instruction to children. Moreover, a mobile van is used to transport special education instructional materials to participating schools.

The Center has also sponsored two school surveys in the Rapid City area. One consisted of a status study of the Western section of South Dakota and was conducted under the auspices of the Center with the cooperation of Dr. William McLure, Director, Bureau of Educational Research, University of Illinois. The main concern of the study was to ascertain educational conditions in the elementary and secondary schools. The findings revealed that (1) elementary schools were introducing few innovations including special education services, (2) special programs for mentally and physically handicapped children were infrequent and underdeveloped, (3) special provisions for emotionally disturbed children were virtually nonexistent, and (4) few programs existed for school dropouts. The second study was conducted by Dr. Walter Higbee, Director of Special Education, Black Hills State College. Six undergraduate students under the direction of Dr. Higbee surveyed approximately 8,600 children to identify students in need of special education services. A total of 1,391

students (16 per cent) were identified with learning, emotional, and physical handicaps.

The Center also sponsored a special education conference devoted to the subjects of speech and hearing in May, 1968, for counselors, teachers and parents.

Preparation of Professional Personnel

The Division of Pupil Personnel Services is charged with the responsibility of certifying special education teachers. The state certification standards for special education teachers require the possession of a valid degree certificate to teach kindergarten, primary, junior high school, or secondary level pupils. Moreover, the standards specify that a total of 24 semester hours of professional courses in special education must be completed before state certification to teach handicapped children can be granted. During the 1968-69 school year, 111 teachers taught handicapped children under state special education support. Of this number only 53, or 48 per cent were fully certified under existing state regulations.

A number of colleges and universities in South Dakota offer training programs to prepare professional personnel to work with handicapped children. The institutions offering special education training programs include Black Hills State College, University of South Dakota, Augustana College, and Northern State College. The special education programs at these schools are described briefly below.

Black Hills State College

The program at Black Hills State College is devoted to the training of personnel to teach the mentally retarded. Approximately 25 students are currently enrolled in some phase of the training program.

University of South Dakota

The University operates training programs to train teachers of the mentally and physically handicapped. During the past year, about 100 undergraduate and 30 graduate students were enrolled in these programs. Approximately 70 undergraduate majors were enrolled in the program to be trained as speech and hearing personnel offered by the Speech and Dramatic Arts Department.

Northern State College

The program at Northern State College offers courses to meet the South Dakota certification requirements in the areas of the blind and partially sighted, orthopedically handicapped, mentally retarded, and speech impaired. In addition to offerings in these areas, the department of special education operates a demonstration and research project for children with special learning disabilities. The project is used to provide practicum experiences for special education interns, teachers, administrators, and other ancillary professional educational personnel.

Augustana College

Augustana College offers special education coursework leading to certification in the areas of hearing impairment, mental retardation, and orthopedic handicap. A number of other courses are offered in an area designated as "prescriptive teaching" which focus on subject matter germane to the teaching of children with special learning disabilities. Practicum placements in Sioux Falls are available to special education trainees at the Southeastern Mental Health Center, the Crippled Children's Hospital and School, the School for the Deaf, as well as in the Sioux Falls Public Schools.

CHAPTER III

Improving Special Educational Provisions for Children with Handicapping Conditions in South Dakota -- Major Recommendations

(1) It is recommended that special education and pupil personnel service centers be established as part of each proposed intermediate school district.

This recommendation is based on the premise that only through an intermediate administrative organization would these services be feasible for all children of the state. A major argument for establishing the intermediate education unit is that it can provide higher quality education, in the broader sense of the term, at a lower per pupil cost than would be the case if each school district individually attempted to provide such services. This is particularly true for children who are handicapped since the availability of specialized services in an intermediate unit has implications for their lives that are more direct and compelling than is the case for normal children. A fundamental, widely held tenet in our society is that it is a public responsibility to provide education and treatment programs for each individual so that he can develop his maximum potential abilities. There is now an overwhelming body of research evidence which documents the advantages of providing education, care, and guidance for the majority of handicapped children in their family and community setting (Dunn, 1963). Only when this option is available can we say that our society is making the maximum contribution to the optimal development of all children. Also inherent in this point of view is the proposition that it is important for community-based

resources for the handicapped to be located in facilities which serve nonhandicapped children rather than to be in segregated settings.

Another important reason for the intermediate district unit for special education and pupil personnel services is to maximize the potential of planning and providing a full range of services to all children. There is no set formula for determining how many children must be included in a population before the essential components for comprehensive educational services can be developed for handicapped pupils; however, a commonly used base is 20,000 pupils. While quality programs can be started with less than this number of pupils, services for low-incidence handicapping conditions tend to become increasingly more expensive as the school-age population base decreases.

The essential components of an intermediate special education program include the following:

(1) an administrative organization,

(2) a central referral system,

(3) an educational evaluation and instructional media center,

(4) case management and follow-up services,

(5) staff development and recruitment, and

(6) community education.

While this list of components is not exhaustive, it does comprise the most essential elements of an adequate special education program.

Administrative organization. One of the essential elements in a quality special education program is the key administrator. This position in the intermediate district should be held by a person who is professionally trained and experienced in special education. The emphasis of

special education in the intermediate district must be on the development of quality services. When a professional special educator is employed in a leadership position to give overall direction and coordination to special education services, the potential for attaining program quality is markedly enhanced.

The administrator for special education programs in the intermediate district has limited impact if his position lacks responsibility and decision-making authority. This suggests that the director of special education should be placed in the organizational administrative system so as to permit him to have a major voice in the administrative "cabinet." If decisions as to which children are to be placed out of the "mainstream" of general education are made only by general educators, special education is completely subjugated to the demands and quality of general education. Conversely, the policy decisions for special education programs should not be unilateral decisions made by the special education director; instead, they must be made jointly with general education administrators. Too frequently conditions prevail in which children are referred and placed in programs outside of general education only to relieve the school's inability to accommodate the range of normal individual differences found in children.

Central referral system, educational evaluation, and instructional media center. Effective programs for individualizing instruction and related service patterns require that adequate and appropriate information about the individual child and his family be collected. Information on children is often available not only from the teacher or other school personnel but also from other agencies and community services which either have had past contact with or may be currently serving the family. Thus,

a structured pattern of referral and information retrieval must be designed which will insure appropriate and timely collection and retention of all pertinent data. This data can then be used to (1) determine the best strategy necessary to help the individual child, and (2) continue monitoring the adopted strategy to permit the development of alternate approaches as conditions dictate. These requirements also imply the necessity to provide an instructional materials and media center to assist teachers in the development, evaluation, distribution, and use of appropriate instructional materials and equipment which are consonant with the needs of children.

Recent developments in special education make it mandatory that problems be identified as early as possible in a child's life and that appropriate instructional methods and materials be focused on these problems. Too often in special education the referral and evaluation of a pupil's problem lack specificity; remedial measures, therefore, are not able to focus precisely on the amelioration of the problem. For example, it is not sufficient to define a learning disability either from determination of the grade level at which the pupil is able to function or from his IQ score. Techniques of evaluation exist today which make it possible to analyze more exactly the nature of the learning disorder and to determine which instructional methods and materials should be employed in the remediation of the problem(s). In order to define an educational disorder clearly, consideration must be given to a child's social and emotional capacities, his psychomotor abilities, his intellectual status, and his academic achievement. Such an evaluation system not only requires the services of well-trained school psychologists but, equally important, the availability of persons specifically trained in educational diagnosis.

Individuals with special training in learning problems can provide much of the information needed to arrive at a clear understanding of myriad factors associated with the child's limited achievement.

A program of educational diagnosis and remediation can be effective only if it is tied into a system which makes available to the child and his teacher those instructional materials which offer hope of meeting the specific needs of the child as determined in the diagnosis. A wealth of instructional materials is now available on the educational market. The efficacy of these materials must be systematically studied so that teachers will not be required to experiment individually in order to discover whether the methods and materials are appropriate to the problems of remediation assigned to them. To be effective, an instructional materials and media center must be more than a collection of materials. It must have the ability to reach out to the classroom and to effect instructional practices through inservice training programs and adequate consultative services. The provision of consultative services to teachers is recommended, because inservice training alone often has limited impact on classroom teachers. A more effective approach is one which makes provisions for educational specialists from an instructional materials and diagnostic evaluation center to follow the child back to the classroom. Through this approach, the application of appropriate materials and methods which have been prescribed for the child's problem can be demonstrated directly to teachers. A comprehensive special education instructional materials and media center, therefore, should not exist without comprehensive educational services, nor should a diagnostic center exist without also having access to instructional materials services.

Case management and follow-up. After a child has been referred and evaluated and a decision has been made as to schcol placement, the responsibility of the educator to provide quality individualized instruction has just begun. Despite dramatic improvements in diagnostic tools for specifying a child's learning difficulty, it does not always follow that we can be equally assured that placement in a certain school setting will be the best solution to his particular difficulties.

An essential premise of a case management system is that the special education program will have trained personnel with pupil placement responsibilities. Case management duties would include the monitoring and follow-up of a child in specialized educational programs to insure that the placement decision benefits the child. The lack of follow-up after placement leads to situations in which the assignment to special education becomes a form of irrevocable "sentence," rather than an opportunity for the child to receive an optimum education.

Staff development and recruitment. Staff development in keeping with the knowledge explosion, growth of technology, and continued development of new methods and strategies for helping children learn is essential. The accompanying changes in professional roles and the variability in quality of training programs dictate the need to develop and implement new inservice education systems. These systems should include a structured and continuous program designed to improve the competencies of all professional and nonprofessional personnel and must have greater impact than that frequently accruing from an occasional after-school meeting. While this type of approach may be used as a component of staff development, it must not be the only technique or strategy employed to improve staff competencies.

Another important aspect of staff development which is somewhat outside the circumscribed parameters of special education and pupil personnel services is related to the issues of total school district organizational change. The nature of the children who are the responsibility of special education requires that new organizational and instructional patterns be tested and implemented. New programs or advances in understanding educational problems, however, can not proceed in isolation. Without consideration of the total educational program, innovations in special education services could create gross imbalances in school systems. It follows that acceptance and implementation of a new educational innovation requires the awareness, understanding, and support of the whole educational system. If a single individual alone attempts to introduce an innovation into the existing system, chances are very great that he, and his idea, will be rejected. School systems, like other social organizations, must commit a portion of their staff to the role of interpreting to all others in the system the need for change, their new roles in the altered system, and the potential improvements inherent in the innovation.

Similarly, recruitment of specialized personnel is also an imperative component of a quality special education and pupil personnel system. Attracting and holding specialized personnel is a key element in a quality program. This is of course true for all other educational programs, but the ability to recognize the training and professional competencies necessary in skilled specialists from disciplines such as school psychology, school social work, etc., places a heavy responsibility on the administrator.

Community education. An important aspect of a community or area-based special education program is a strong link to the parents of handicapped children. It is a well-accepted fact that parents of handicapped children can make a valuable contribution to the solution of the problems presented by their children. Organizations have arisen from the need of parents to organize services as well as to understand and communicate with one another in the effort to help their children. These organizations have all been very effective in influencing the development of services to handicapped children. It is interesting to note that while these voluntary private organizations have been effective, they have frequently received little or no direct cooperation from the public schools. Generally, schools have not accepted as their responsibility either parent education or parent counseling. Whether the child's problem is an obscure learning disability or an obvious hearing impairment, the need is the same -- i.e., parents must be directly involved in educational planning from the day of initial diagnosis. Direct involvement of parents would also do much to develop a bond of closer understanding between the school and the home and thereby help to clarify the roles of both in the remediation process. A comprehensive special education service center would be the logical agency of a regional school area for promoting and developing this facet of total programming.

If specialized programs and services are truly to represent efforts designed to meet the needs of handicapped children and their parents, communication among other state agencies, public community agencies, private service facilities, and parent associations should be established. Individuals who should be involved in a formal communication/involvement system could include representatives from (1) parent organizations,

(2) public schools, (3) the county welfare department, (4) an area mental health center, (5) college training programs, and (6) the State Department of Public Instruction.

(2) It is recommended that the State Department of Public Instruction, Division of Special Education and Personnel and Services, revise its policies and operational procedures to move from a direct program and pupil eligibility approach to a decentralized plan.

This implies delegating responsibility for many of the processing and pupil placement decisions made in the central office to the intermediate unit special education and/or pupil personnel services. Currently, the Division of Pupil Personnel Services of the State Department of Public Instruction has six professional staff members, including the full-time director. One of the positions is concerned primarily with guidance and counseling, one half-time person works with speech and hearing services, one half-time person is responsible for statewide Title VI programs, one is concerned with psychological services, and two are responsible for the statewide special education programs. The staff is now responsible for activities that include program planning, introducing legislation, program approval, budget development, and securing direct services for individual children. It is difficult to project the number of additional staff members that would be needed to carry out adequately the responsibilities currently assigned to the present staff, but the number would be large even if this action were considered desirable.

The alternative to adding the necessary state level personnel to administer adequately the myriad responsibilities of the present staff is

to delegate these functions to regional centers. Decisions regarding individual pupils and needed educational programs can be better made by local intermediate school district directors. The state consultant cannot know conditions in the local schools nor the unique problems of an individual child. The decisions made under present circumstances from the state department offices become, of necessity, institutionalized and inflexible. The meshing of new curriculum developments with local educational programs also requires on-site staff. The local pupil personnel director must have the authority to develop programs that best meet the stage of development of the local schools. This assumes that he will be familiar with state regulations and comply with them. In this case, he would not require approval by state consultants for each procedural change. Instead of reacting to numerous requests for direct services to school districts as they now must do, the professional staff should be free to concentrate on long-range planning, interpretation and consultation on legislation, and the development of quality consultative services to intermediate district directors. Moreover, the state department staff would then be able to concentrate on such areas as statewide continuing education programs for teachers and other staff members. The whole area of cooperation and coordination among and between various agencies and organizations concerned with children must be assigned a high priority. Effective coordination of services for handicapped children will require both state and intermediate school district personnel.

(3) It is recommended that the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, revise its regulations for special education services to include more children with specific learning disabilities.

This recommendation would make it possible for new educational alternatives to be implemented with special state aids and, at the same time, permit some movement away from the present use of "categorical levels" for children. South Dakota laws and regulations, like those of many states, define handicaps in children with terms that are essentially medical in nature. To label a child "educable mentally retarded," for instance, really says very little about him or what should be done for him. Typically, this child who makes up the overwhelming majority of children receiving special educational services will carry this label only during his school career. Moreover, there is now a considerable body of research that indicates that such a child will respond as well to an academic education presented to him in a regular class as he does to the program in a segregated special classroom setting (Dunn, 1968). The stigma of being labeled may also have a deleterious effect on the child's self-esteem (Meyerowitz, 1967).

Until recently, the segregated special class has been a primary alternative in the public schools for the educational planning and placement of children who have been defined as handicapped. Heretofore, individual pupils frequently assigned to these classes, and in a sense "locked" into this type of program, have seldom reappeared in the mainstream of education. Recently the concern of special educators to improve methodology and assessment procedures has permitted the identification of a greater number of children with specific learning problems. Formerly, assessment often stopped after determination of an IQ score or some other global measure. The increased precision of diagnostic procedures along with the development of a new materials and technology have

given the schools a unique opportunity to accommodate the individual differences of children.

There are a number of compelling reasons for moving away from an overly excessive reliance on the special class model. Curriculum in special education classes is often weak or nonexistent, or publishers provide watered-down versions of the materials developed for non-handicapped children. The organization of learning sequences, as well as the establishment of objectives and the selection of materials, is most frequently left to the special class teacher alone. While the study team did not visit all special classes in South Dakota, these comments are probably equally applicable to those public school programs which were not visited. Furthermore, many research studies have shown significantly lower gains in academic achievement by children placed in segregated special classes in comparison to the attainments of similarly handicapped children who remain in regular classes (Dunn, 1968). While pupils who have been segregated in special classes or special schools may show better social adjustment in their respective group, they may receive comparatively less training to deal with the myriad problems presented by the demands of adult society.

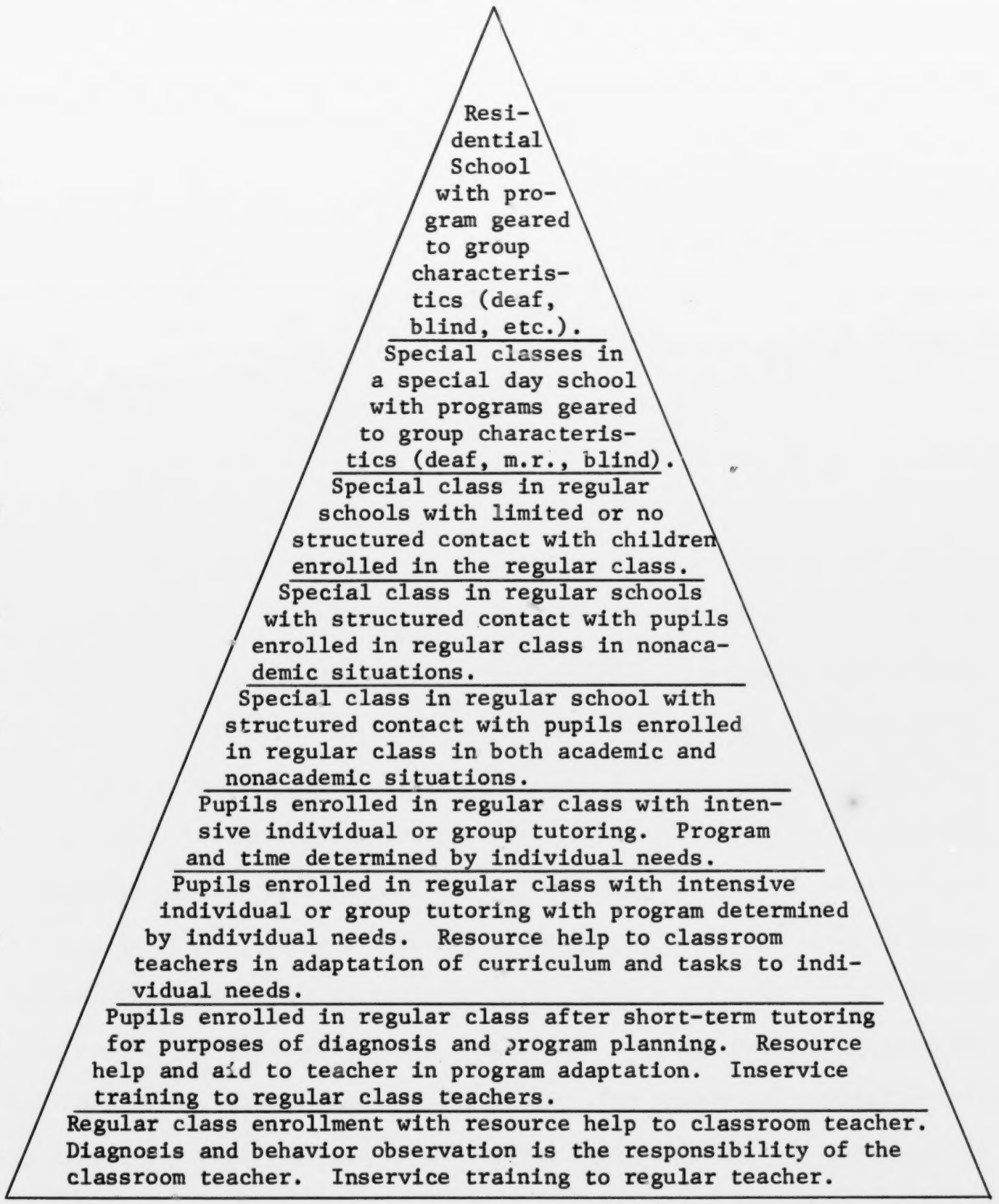
One consequence of the special class as a single administrative alternative in South Dakota schools has been the failure to develop meaningful vocationally-oriented secondary school programs. Indeed, perhaps the greatest major deficit in the South Dakota school services for handicapped children is the absence or inadequacy of secondary school programs to provide the requisite training and experiences to assist students entering the world of work. While this comment is specific to South Dakota, it is applicable at a national level as reflected by

U. S. Congressional testimony on the rationale and intent of the Vocational Education Act of 1968. It is paradoxical that those children who have the greatest difficulties in gaining academic skills are also deprived of educational programs in work adjustment and vocational skills so essential for successful adjustment to the demands of life as an adult. The study team is aware of the various nonpublic school workshops available for training handicapped individuals. In no sense, however, can these be viewed as a replacement or substitute for a quality public school program suited to those students who choose or must select a vocationally-oriented secondary school course of study.

The labels that suggest that a defect or disease state is within the child tell very little about his educational needs and too frequently serve to mask the effects of poor education. As a result of these problems, there has been a re-examination of accepted techniques in the field of special education and a search for administrative and curricular models. The movement is clearly away from an educational system that offers children only the alternatives of education in a regular class or in a special class. The information on Figure 1 suggests that the majority of children with special educational needs will be served in the regular classes and that only a very few children will need to be segregated in special classes or schools. Unless all these program options are available, however, children will continue to be placed according to criteria other than specific educational need. The State Department of Public Instruction should move vigorously to modify rules and regulations to encourage and give financial support to school districts for providing a greater number of organizational options in educational programs for handicapped children.

Figure 1

LEVELS OF INSTRUCTIONAL INTERVENTION WITHIN PUBLIC SCHOOL SPECIAL EDUCATION PROGRAMS (Willenberg, 1968)


Level 9
Residential School with program geared to group characteristics (deaf, blind, etc.).
Level 8
Special classes in a special day school with programs geared to group characteristics (deaf, m.r., blind).
Level 7
Special class in regular schools with limited or no structured contact with children enrolled in the regular class.
Level 6
Special class in regular schools with structured contact with pupils enrolled in regular class in nonacademic situations.
Level 5
Special class in regular school with structured contact with pupils enrolled in regular class in both academic and nonacademic situations.
Level 4
Pupils enrolled in regular class with intensive individual or group tutoring. Program and time determined by individual needs.
Level 3
Pupils enrolled in regular class with intensive individual or group tutoring with program determined by individual needs. Resource help to classroom teachers in adaptation of curriculum and tasks to individual needs.
Level 2
Pupils enrolled in regular class after short-term tutoring for purposes of diagnosis and program planning. Resource help and aid to teacher in program adaptation. Inservice training to regular class teachers.
Level 1
Regular class enrollment with resource help to classroom teacher. Diagnosis and behavior observation is the responsibility of the classroom teacher. Inservice training to regular teacher.

(4) It is recommended that three comprehensive educational diagnostic centers be established in the state.

This recommendation proposes that three centers for the evaluation of children with educational disabilities and associated physical conditions be established in the state. These centers would be interagency organizations serving specific regions of the state; this would coordinate and expedite the complex educational placement decisions of children both for public school programs and for the state in general. The study group believes that the cities of Sioux Falls, Pierre, and Rapid City are best located to serve the state in this capacity.

The major purpose of these centers would be to evaluate children referred from schools or intermediate districts because of inability to learn in a regular school program. While it is possible that the intermediate district special education unit will include some educational specialists, it is unlikely that they will be able to support the array of specialists needed to make a comprehensive evaluation of children with more severe learning difficulties.

The impact of three centers in the state would be to provide much needed educational and psychological diagnostic services on a regional basis. School districts should have a referral source for children who were not achieving in the regular program. These diagnostic centers could also serve as a resource to districts in respect to teacher retraining and in the development and testing of new educational methods and materials. The proposed centers would provide short-term placement of pupils for diagnostic purposes. It is not intended that this type of placement be restricted only to children who present unusual and complex learning disabilities and physical conditions. Rather, the centers

should be made available to all children who present learning disabilities. The impact of this type of center would be to give children comprehensive educational evaluations early in their school careers. Moreover, they could provide the facility for the critical inservice and retraining needs of teachers throughout the state. Conceivably, a classroom teacher might even accompany one of her children to the evaluation center to participate in the diagnostic workshop. She would learn how to use new materials, thereby making herself better able to carry through with those methods found most effective for the child.

In some respects, a prototype of this type of evaluation center is now in operation at the Southeastern Mental Health Center in Sioux Falls. Children from the community attend a diagnostic educational program in addition to receiving the other services of the clinic. In conjunction with this program, education students from Augustana College receive pre-professional training placement in the clinic setting.

(5) It is recommended that the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, give direction, planning, and assistance in the operation of long-range inservice training programs for all educators in the state relating to educational diagnosis and teaching techniques for children with learning difficulties.

The necessary changes in South Dakota's educational programs to implement the recommendations of this report will take a planned and substantial effort, both in money and manpower over a length of time. If South Dakota is to provide a quality program for all children who are in need of specialized education, a total restructuring of existing educational practices will be required. It is unrealistic to believe that specially trained teachers and other specialists will be available in

sufficient numbers to effect this restructuring and to give direct services to the number of children who require help. The other alternative is to retrain teaching staffs presently employed in the schools.

In the past, when a new curricular program was to be introduced in a school system, it was customary to conduct either a series of inservice meetings for teachers involved, or to encourage teachers to return to a college or university during the summer to gain additional training. These have been useful methods of introducing single-concept curricular changes; however, it is the authors' belief that the magnitude of needed change involves more than minor curricular innovations. Rather, what is needed amounts to major restructuring of prevailing educational practices in most South Dakota schools.

A total reorganization for any organizational system requires an involvement and commitment of all personnel. If this premise is accepted, it suggests that all personnel involved including board members, superintendents, teachers and other staff need to participate in a continuing educational program designed for that particular school system. This does not mean that every person would be trained in the same manner or to the same level of competence but it does suggest that each individual should understand the nature of the change that is being considered and how his position would be affected by it. This approach to educational change requires planning and resources beyond those of almost all school systems.

The State Department of Public Instruction is the agency that is legally responsible for this type of continuing education activity. Some of the specific areas that should be included in a continuing education program for those providing services to handicapped children are

(1) training in techniques for individualizing instruction within regular educational programs, (2) development of support systems within the administrative organization as well as in facilities, services, and personnel, (3) skill in the analysis of strengths and weaknesses of children, (4) objective assessment of the responses of children to learning tasks presented, and (5) techniques for developing flexible educational programs based on the evaluation of both changes within the individual and in regular and special education programs.

(6) It is recommended that the State Department of Public Instruction, Division of Special Education and Pupil Personnel Services, develop a policy for use of federal categorical aid money for the handicapped (Title III and Title IV) which would focus these monies on two or three intermediate special education district centers that could provide high quality services to large pupil populations.

Recent federal legislation has given the State Department of Education responsibility for directing Title III programs under the Elementary and Secondary Education Act. Within the state allocation of Title III funds, 15 per cent is designated for programs to serve handicapped children. All funds allocated under Title IV of this same act are designated for educational programs for handicapped children.

The federal legislation encourages states to develop plans and priorities for the use of these funds. A typical state plan has been to allocate these monies on a regional or school district allocation formula. This has not been successful in developing either innovative or comprehensive programs. Frequently money distributed in this fashion becomes so diluted that individual districts or Title III centers are unable to show any significant or comprehensive gains in services to handicapped

children. The authors believe that these funds should be concentrated and awarded to no more than three comprehensive special education and pupil personnel centers, rather than to single school districts. These funds might well be used in conjunction with Federal Vocational Funds allocated to South Dakota which, under federal law, are earmarked to support programs for the education of handicapped pupils and disadvantaged pupils with special educational needs.

(7) It is recommended that a statewide study be conducted of the numbers of low-incidence handicapped children, their health and educational needs, and the adequacy of available educational services.

Local school district programs for children with low-incidence handicaps are almost nonexistent in South Dakota. The low-incidence handicapping conditions as used in this report refer to hearing impairments, visual handicaps, multiple handicaps, and severe emotional disturbances. The incidence of these children in any area is low relative to the total child population, and the services necessary to program for them adequately are highly specialized. Consideration must be given to psychosocial, medical, and educational factors in development of alternative systems for education of these children.

The state schools for the blind and the deaf are primarily residential schools for children with intact intelligence and major vision or hearing handicaps. The administrative auspices under which these schools operate are somewhat unique in that the two institutions are governed by the Board of Regents which also has jurisdiction over the state-operated institutions of higher learning. A child placed in either of these two institutions has all tuition and other educational costs paid directly by state appropriations. The local school district of his residence has no

fiscal obligation or responsibility to plan for such a child's educational future.

If a child is severely emotionally disturbed, however, he is frequently referred to a private treatment institution often outside the state. The cost of this program is borne in shares by the local school district, the state, and the parent. The exception to this pattern is the treatment and education program of the Southeastern Mental Health Clinic.

Multiply handicapped children are served by the Crippled Children's Hospital and School in Sioux Falls. This institution has a comprehensive medical, rehabilitation, and education program. Support for this private, nonprofit hospital comes from a combination of state appropriations, local school districts, and private funds. Cost for the treatment and education of a child in this institution is based partially on the ability of the parents to pay. The study group believes that these different provisions and responsibilities cited for services to different types of handicapped children reflect a major reason for the recommendation that an intensive study be conducted of educational programs for low-incidence handicapped children. Other concerns relate to the admission and exclusion policies of existing programs, especially those of the state schools for the deaf and blind.

The compelling reason for suggesting a statewide evaluation of educational needs of multiply handicapped children is the present absence of local educational programs. The establishment of intermediate districts, with larger population bases and the financial resources to maintain specialists with training in each of the low-incidence areas, is almost a necessity if many of these children are to be educated in a nonresidential school setting with their nonhandicapped peers. Under this

plan, residential school services would be reserved for children with more severe physical and learning impairments.

Within the intermediate district unit, the full range of services necessary for programming services in low-incidence areas may be offered when necessary. The intermediate unit can also serve the low-incidence populations through provision of the supportive services of an educational diagnostic center (another recommendation of this study group). Another vital facet of the need for a comprehensive study of low-incidence handicapped children relates to the necessity to provide preschool educational services. With the cooperation of community agencies in welfare and medicine, many of these children could be identified early enough to avoid the educational problems which develop as a result of inadequate physical, cognitive, and linguistic environmental stimulation.

In summary, the number of South Dakota children with low-incidence physical and learning handicaps and their specific educational and medical needs must be determined through a comprehensive statewide study. Only then can the adequacy of current educational provisions for these children who have been placed or misplaced in institutions or public schools be determined.

(8) It is recommended that the state public and private institutions of higher learning carefully evaluate their resources and the state's need for specialized personnel with a view to maintaining a limited number of quality special education teacher training programs.

It is recommended that a careful review be made of the training programs for educational specialists now being offered at the university as well as those offered at state and private colleges. While the authors made no attempt to evaluate these programs, the catalog

descriptions of courses and programs suggest the need to consider training offerings from a statewide perspective.

Incidence figures of some handicapping conditions suggest the need for new programs and/or the elimination of some existing ones. In some areas such as special learning disabilities, for example, additional programs should be started; in other areas it appears that the limited staff and facilities do not justify existing program offerings. In view of the low incidence of certain handicapping conditions in children, it is likely that some training programs cannot be justified or supported. It is possible that for the numbers of teachers needed in these low-incidence areas and the training program costs in money and manpower, certain programs should be discontinued and replaced by training programs in higher priority areas. If this were done, fellowships or other arrangements could be made for interested South Dakota students to be trained in the low-incidence fields at out-of-state institutions.

(9) It is recommended that a statewide coordination council be established on health, education and welfare needs of handicapped children.

The overlapping and inefficient nature of state services for exceptional children was documented in a recent study by the Legislative Research Council (1967). In its report, the Council noted:

> It has been contended by some "that despite the good faith of administrative personnel associated with the services and programs for exceptional children... until the Legislature provides a clear enunciation of the scope of these services and programs which each individual agency is to administer, and enacts a statutory means for coordinating these functions among the several agencies, the total services for exceptional children in South Dakota will not be provided within an organizational framework fully capable of serving the needs of the state (p. 2)."

Coordination of services through a formal council of agencies is a most pressing need. Discussions with various agency representatives clearly indicate overlapping functions for some services and limitations in others. Moreover, it appears that definitions of the scope and nature of services to be given handicapped children often are made unilaterally by a single agency.

The proposed Council would coordinate the various services now available and assist in long-range planning for new programs and models for service in South Dakota. The number of different agencies responsible for providing services to exceptional children in the state is vested in some 15 units of state government. The net effect of this situation is that many children who need specialized services are falling through this sieve of agencies. Also, the one agency that should have primary responsibility for education, the public schools, has delegated many of its important decisions and responsibilities to other agencies.

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